

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. FILING DATE

10/1540910
APPLICANT

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT			AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1							51					
2		1						52					
3			1					53					
4			1					54					
5			1					55					
6			1					56					
7			1					57					
8			1					58					
9			1					59					
10			1					60					
11			1					61					
12			1					62					
13	1		1					63					
14			1					64					
15			1					65					
16			1					66					
17			1					67					
18	1		1					68					
19			1					69					
20			1					70					
21		3						71					
22								72					
23								73					
24								74					
25								75					
26								76					
27								77					
28								78					
29								79					
30								80					
31								81					
32								82					
33								83					
34								84					
35								85					
36								86					
37								87					
38								88					
39								89					
40								90					
41								91					
42								92					
43								93					
44								94					
45								95					
46								96					
47								97					
48								98					
49								99					
50								100					
TOTAL IND.	3							TOTAL IND.					
TOTAL DEP.	20							TOTAL DEP.					
TOTAL CLAIMS	23							TOTAL CLAIMS					